

No. 2  
4-13-40  
5-17-39  
I X23159

1940 OCT 10 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31460

State File No. \_\_\_\_\_

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1022**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **BUCHANAN**  
(b) City or town **ST. JOSEPH**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **STATE HOSPITAL No. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 yrs 19 mo 13 das.**  
In this community **Never before** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **L. S. Lockridge (Miguen name)**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **2-12-58**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **7** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Lewis County, Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Dire Lockridge**  
13. Birthplace **New York**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Jemima Armentrout**  
15. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **State Hospital Records**  
(b) Address **St. Joseph, Mo.**

17. (a) **Removal** (b) Date thereof **9-19-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **to state anatomical serv**

18. (a) Signature of funeral director **Sumner Thrush**

(b) Address **Dicksville, Mo**

19. (a) **Sept 19, 1940** (b) **P. S. Tate**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Clay County**  
(c) City or town **Chandler, Missouri (Rural)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **17**  
year **1940** hour **11 A. M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 12**  
\_\_\_\_\_, 19**39**, to **Sept 17**, 19**40**  
that I last saw him alive on **Sept 17**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pyelocystitis**  
Duration **?**

Due to **Pyelocystitis infection from self catheterization**  
**also terminal Broncho-pneumonia**  
Due to **of several days duration**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **no**  
1822W  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**85**

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **P. S. Tate** (M. D. or other) **MD**  
Address **State Hosp. #2, St Joseph** Date signed **9-19-40**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**